

Volenski, Dina

030119 Emma

**From:** Cantelme. Steve <cantelmes@sacoes.org>  
**Sent:** Friday, March 01, 2019 8:26 AM  
**To:** 'cdunsmoor@buttecounty.net'  
**Cc:** Cantelme. Steve  
**Subject:** Sacramento County Reimbursement Docs for Butte Co. for Camp Fire 2018  
**Attachments:** FEMA Forced Account Equipment Form 2015\_pg 2.pdf; FEMA Force Labor Reimbursement Form 2015 - pg1.pdf; FEMA Forced Account Equipment Form 2015\_pg 1.pdf; FEMA Force Labor Reimbursement Form 2015 - p2.pdf; Nspringer - pic sign in logs, etc.docx; 05 EMMA Form 4 - Exit Survey (2) (5) n springer.doc; Re\_ Mutual Aid Request Extension for N. Springer.pdf; Planning Chief Butte County emma request.pdf

Hi Cindi,

I attached the reimbursement docs for Nancy Springer (Sac Co. Code Enforcement Officer) who was deployed through EMMA to Butte County for the Camp Fire. I am waiting on just one more person's documentation from this OA (Janna Haynes, Sac Co PIO) that was deployed through the EMMA process to the Town of Paradise. She is on maternity leave but I hope to have her docs in hand by Monday. Please let me know if you need anything more from me. I will be your point of contact for Sacramento County.

Thanks,

Steve

Stephen Cantelme  
Chief  
Sacramento OES  
(916) 806-6596  
[cantelmes@sacoes.org](mailto:cantelmes@sacoes.org)



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**DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
FORCE ACCOUNT EQUIPMENT SUMMARY RECORD**

O.M.B. No. 1660-0017  
Expires April 30, 2013

PAGE 2 OF 2

APPLICANT Nancy Springer	PA ID NO.	PROJECT NO.	DISASTER Camp Fire
LOCATION/SITE Butte County EOC - Mira Loma rd - Oroville Ca	CATEGORY	PERIOD COVERING 11.12.18 thru 11.17.18 an d11.19.18 thru 11.20.19	

DESCRIPTION OF WORK PERFORMED  
WORKED AS EOC Plans Intel Chief in BC EOC  
I drove my county truck form my home to the EOC each day that I worked.

TYPE OF EQUIPMENT		OPERATOR'S NAME	DATES AND HOURS USED EACH DAY										COSTS		
INDICATE SIZE, CAPACITY, HOURSEPOWER, MAKE AND MODEL AS APPROPRIATE	EQUIPMENT CODE NUMBER		DATE	1120' H									TOTAL HOURS	EQUIPMENT RATE	TOTAL COST
2017 FORD F150 6 CYCLINDER 285 hp	131-755	Nancy Springer	HOURS	2									2		
			HOURS												
			HOURS												
			HOURS												
			HOURS												
			HOURS												
			HOURS												
			HOURS												
			HOURS												
			HOURS												
GRAND TOTAL															

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED nancy Springer	TITLE Plans Intel Chief	DATE 02.28.19
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Public reporting burden for this form is estimated to average 15 minutes response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0017). **Please do not send your completed form to the above address.**

**DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
FORCE ACCOUNT LABOR SUMMARY RECORD**

O.M.B. No. 1660-0017  
Expires December 31, 2011

PAGE 1 OF 2

APPLICANT Nancy Springer	PA ID NO.	PROJECT NO.	DISASTER Camp Fire
LOCATION/SITE EOC Butte County - Mira Loma Dr- Oroville CA	CATEGORY	PERIOD COVERING 11.12.18 thru 11.20.18	

**DESCRIPTION OF WORK PERFORMED**

Worked in EOC as Plans Intel Chief and assisted with Damage Assessment

NAME	JOB TITLE	DATES AND HOURS WORKED EACH WEEK								COSTS			
		DATE	11.12.18	11.13.18	11.14.18	11.15.18	11.16.18	11.17.18	11.18.18	TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE
Nancy Springer		REG.	15	15	13	12	15	13		83			
Plans Intel Chief		O.T.											
		REG.											
		O.T.											
		REG.											
		O.T.											
		REG.											
		O.T.											
		REG.											
		O.T.											

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME

\$

TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME

\$

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT EQUIPMENT SUMMARY RECORD**

O.M.B. No. 1660-0017  
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PAGE 1 OF 2

APPLICANT  
Nancy Springer

PA ID NO.

PROJECT NO.

DISASTER  
Camp Fire

LOCATION/SITE  
Butte County EOC - Mira Loma rd - Oroville Ca

CATEGORY

PERIOD COVERING  
11.12.18 thru 11.17.18 an d11.19.18 thru 11.20.19

DESCRIPTION OF WORK PERFORMED  
WORKED AS EOC Plans Intel Chief in BC EOC  
I drove my county truck form my home to the EOC each day that I worked.

**TYPE OF EQUIPMENT**

INDICATE SIZE, CAPACITY, HOURSEPOWER,  
MAKE AND MODEL AS APPROPRIATE

EQUIPMENT  
CODE  
NUMBER

2017 FORD F150 6 CYCLINDER 285 hp

131-755

OPERATOR'S  
NAME

Nancy Springer

**DATES AND HOURS USED EACH DAY**

**COSTS**

DATE	1112	1113	1114	1115	1116	1117	1118	1119	TOTAL HOURS	EQUIPMENT RATE	TOTAL COST
HOURS	2	2	2	2	2	2	2	2	14		
HOURS											
HOURS											
HOURS											
HOURS											
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HOURS											
HOURS											

**GRAND TOTAL**

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED  
nancy Springer

TITLE  
Plans Intel Chief

DATE  
02.28.19

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DESCRIPTION OF WORK PERFORMED  
Worked in EOC as Plans Intel Chief and assisted with Damage Assessment

NAME		DATES AND HOURS WORKED EACH WEEK							COSTS				
		DATE	11.19.18	11.20.18					TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL COSTS
JOB TITLE		REG.	13	12					25				
NAME Nancy Springer		O.T.											
JOB TITLE Plans Intel Chief		REG.											
NAME		O.T.											
JOB TITLE		REG.											
NAME		O.T.											
JOB TITLE		REG.											
NAME		O.T.											
JOB TITLE		REG.											
NAME		O.T.											
JOB TITLE		REG.											
NAME		O.T.											

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME	\$
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME	\$

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CERTIFIED Nancy Springer	TITLE Plans Intel Chief	DATE 02.28.19
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Check In/Out Log		Date		Time	
Check In	Check Out	Check In	Check Out	Check In	Check Out
1. [Name]	2. [Name]	3. [Name]	4. [Name]	5. [Name]	6. [Name]
7. [Name]	8. [Name]	9. [Name]	10. [Name]	11. [Name]	12. [Name]
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169. [Name]	170. [Name]	171. [Name]	172. [Name]	173. [Name]	174. [Name]
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253. [Name]	254. [Name]	255. [Name]	256. [Name]	257. [Name]	258. [Name]
259. [Name]	260. [Name]	261. [Name]	262. [Name]	263. [Name]	264. [Name]
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277. [Name]	278. [Name]	279. [Name]	280. [Name]	281. [Name]	282. [Name]
283. [Name]	284. [Name]	285. [Name]	286. [Name]	287. [Name]	288. [Name]
289. [Name]	290. [Name]	291. [Name]	292. [Name]	293. [Name]	294. [Name]
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301. [Name]	302. [Name]	303. [Name]	304. [Name]	305. [Name]	306. [Name]
307. [Name]	308. [Name]	309. [Name]</			

Unit Name: Butte EOC Date: 11/12/18 Page 1 of 1

Operational Period: 11/12/18 To: 11/12/18

Unit Number/Designation: Plum Field Unit Leader (Name & Position): Sgt

Time

0632 arrived @ EOC

0700 getting updated on information re IAP

0700 listening to News brief call fire over briefing

0700 familiarizing myself with objectives - IAP

0823 Fire Liaison briefing

0835 Planning Mtg with the Ps

0835 Received updates on objectives

0835 Received updates on S.T. Stat

0835 Next mtg 1600hrs

0910 updating and creating IAP

0910 New ops period - started Naustad

0910 End

Unit Name: Butte EOC Date: 11/12/18 Page 1 of 1

Operational Period: 11/12/18 To: 11/12/18

Unit Number/Designation: Plum Field Unit Leader (Name & Position): Sgt

Activity/Events

Time

0632 arrived @ EOC

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## EMMA FORM 4 - EXIT SURVEY

### EMMA System Evaluation

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

#### Assignment Information:

**Incident Name:** Camp Fire

**Assignment Location** (EOC, Command Post, Field, etc.): EOC

**Position/Task:** Plans Intel Chief

**Shift** (Day / Night): Day

**Assignment Dates:** 11/12/2018

**Number of Shifts** (In days, do not include travel): 8

#### **A. Mobilization Process:**

- Alert Notification ☒ **Excellent** ☐ **Good** ☐ **Poor**
- Recruitment ☒ **Excellent** ☐ **Good** ☐ **Poor**
- Assignment Briefing ☒ **Excellent** ☐ **Good** ☐ **Poor**
- Comments (Attach an additional page if necessary):

#### **B. Assignment Support:**

- Travel Arrangements ☒ **Excellent** ☐ **Good** ☐ **Poor**
- EOC In-processing ☒ **Excellent** ☐ **Good** ☐ **Poor**
- Deployment Support Kit ☒ **Excellent** ☐ **Good** ☐ **Poor** ☐ **N/A**
- SOPs/Forms ☒ **Excellent** ☐ **Good** ☐ **Poor**
- Comments (Attach an additional page if necessary):

#### **C. Demobilization Process:**

- EOC Out-processing ☒ **Excellent** ☐ **Good** ☐ **Poor**
- Personal Expense Reimbursement ☐ **Excellent** ☒ **Good** ☐ **Poor**
- Post-Assignment Debriefing ☐ **Excellent** ☒ **Good** ☐ **Poor**
- Overall Experience ☒ **Excellent** ☐ **Good** ☐ **Poor**
- Comments (Attach an additional page if necessary):

#### **D. General Comments/Suggestions**

**Appreciate being able to help**

**From:** [Flynn, MaryJo](#)  
**To:** [Dunsmoor, Cindi](#)  
**Cc:** [Hawkins, Matthew](#); [Springer, Nancy](#); [Cantelme, Steve](#); [Ince, Roger](#)  
**Subject:** Re: Mutual Aid Request Extension for N. Springer  
**Date:** Wednesday, November 14, 2018 2:53:32 PM

---

Thank you. We are in receipt of the request, and as long as she and her supervisor are in agreement, that should be fine.

Mary Jo Flynn, MS, CEM  
Emergency Operations Coordinator  
Sacramento County OES  
(916) 874-4671 - office  
(916) 508-5131 - cell  
[Flynnm@sacoes.org](mailto:Flynnm@sacoes.org)  
3720 Dudley Blvd., #122, McClellan, CA 95652

On Nov 14, 2018, at 2:45 PM, Dunsmoor, Cindi <[CDunsmoor@buttecounty.net](mailto:CDunsmoor@buttecounty.net)> wrote:

**EXTERNAL EMAIL:** If unknown sender, do not click links/attachments.

We'd like to extend Nancy Springer's services here in Butte County EOC Plans and Intel Chief position through to November 24, 2018. Please let me know if you need any additional information.

Thank you for your consideration,

Cindi

Cindi Dunsmoor

Emergency Services Officer

Butte County Office of Emergency Management

530.552.3333

Cell 530.624.4729

# EMMA

Incident: 2018-10-08 Camp Fire

[Back](#)

[Add Response](#)

[Print](#) [PDF](#)

## EMMA Form 1A - EMMA RESOURCE REQUEST

### TO BE COMPLETED BY REQUESTING JURISDICTION

Submit completed and signed form to next SEMS level EMMA Coordinator. A corresponding RIMS Mission Request must also be submitted in order for this request to be processed. If RIMS access is not available, the appropriate EMMA Coordinator may create the RIMS Mission Request on the requestor's behalf.

Request #: 3079

Incident Name: 2018 November Wildfires

Request Date / Time: 11/11/2018 17:05:50

Approved Mission / Tracking  
#:

### Requesting Jurisdiction Information

Requesting Jurisdiction  
Name: Butte County

24 Hours Phone Number: 530-538-4309

EMMA Coordinator / Primary  
Point of Contact: Tamara Ingersoll

Position / Title: Logistics

Phone: 530-538-4309

Alt Phone:

Fax:

E-Mail: [ecoclogs@buttecounty.net](mailto:ecoclogs@buttecounty.net)

Alternate Point of Contact: Debbie Heath

Position / Title: Logistics

Phone: 530-990-2130

Alt Phone:

Fax:

E-Mail:

### Resource Requested

Position: Planning Section Chief

Quantity: 1

Start Date/Time: 11/12/2018 17:08:28

End Date/Time: 11/15/2018 21:00:00

Shift: Day

Security Clearance: No

Tasks to be performed: Maintaining current situation status and planning for future potential situations such as additional evacuations or repopulation, etc.

Any special skills /  
certifications / licenses /  
credentials required? No

EMMA resource needs to bring the following equipment (Laptop, vehicle, personal protective equipment, etc.):

All equipment provided. EMMA being ordered via Post-event MOU/MOA.

### Check-in Location Information

Check-in Location Address: 205 Mira Loma Drive, Oroville, CA

Latitude / Longitude: 39.521275 / -121.551719

24 Hour Phone Number: 530-538-4309

Point of Contact Name: Debbie Heath

Point of Contact Title: Logistics

Cell Phone: 530-538-4309

Alt Phone:

E-Mail: [ecoclogs@buttecounty.net](mailto:ecoclogs@buttecounty.net)

### Expected Working Conditions

Special health or  
environmental concerns in  
the assignment area? Smoke.

Hardship living conditions  
(Lack of power or potable  
water, etc.)?

Special housing / Requesting jurisdiction will not be providing lodging. Hotels are hard to find in the area. Try Redding or Sacramento for transportation instructions: lodging.

### Providing Jurisdiction Information

[Edit Response](#)

Providing Jurisdiction Name: Sacramento

24 Hour Phone Number:

EMMA Coordinator /  
PRIMARY Point of Contact Flynn, Mary Jo  
Name:

Position / Title: Sacramento - OP AREA -  
LOG Section Chief

Phone: 916-508-5131

Alt Phone:

Fax:

E-Mail:

Alternate Point of Contact  
(Optional): Matthew Hawkins

Position / Title: Coordinator

Phone: 916-545-4117

Alt Phone:

Fax:

E-Mail:

**EMMA Resource Candidate**

<input checked="" type="checkbox"/> This Candidate has been Accepted.			
Name:	Nancy Springer	Cell: 916-747-0038	Alt Phone:
E-Mail:		Available for the period specified in the corresponding EMMA Form 1A?	Yes
Able to perform requested tasks?	Yes	Security Clearance (If applicable)?	
Equipment needed for deployment is available?	Yes	Has been made aware of the expected working conditions?	Yes
Experience / EOC Position Credentials:			
Special Skills / Certifications / Licenses:			
Originating Location (City and County):	Browns Valley, Yuba County		
Estimated travel time to check-in location:			
Special accommodations required:			
Emergency Contact Name:			
Relationship:		Cell Phone:	Alt Phone:
Additional Comments			

**Providing Jurisdiction Information**

Providing Jurisdiction Name:	Santa Clara		
24 Hour Phone Number:	408-299-2501		
EMMA Coordinator / PRIMARY Point of Contact Name:	Jay McAmis		
Position / Title:	Santa Clara - OP AREA - LOG Personnel	Phone: Office (408) 808-7803	Alt Phone:
Fax:		E-Mail: jay.mcamis@oes.sccgov.org	
Alternate Point of Contact (Optional):			
Position / Title:		Phone:	Alt Phone:
Fax:		E-Mail:	

**EMMA Resource Candidate**

Name:	Vlad Ibarra	Cell: 408-823-5005	Alt Phone:
E-Mail:		Available for the period specified in the corresponding EMMA Form 1A?	Yes
Able to perform requested tasks?	Yes	Security Clearance (If applicable)?	
Equipment needed for deployment is available?	Yes	Has been made aware of the expected working conditions?	Yes
Experience / EOC Position Credentials:			
Special Skills / Certifications / Licenses:			
Originating Location (City and County):	Campbell, CA, Santa Clara County		
Estimated travel time to check-in location:	Three hours		
Special accommodations required:	N/A		
Emergency Contact Name:			
Relationship:		Cell Phone:	Alt Phone:
Additional Comments			

[Back](#)

Originated by: tingersoll@buttecounty.net as Butte - OP AREA - LOG Section Chief

Originated date: 11/11/2018 17:05:35

Last Edited by: tingersoll@buttecounty.net as Butte - OP AREA - LOG Section Chief

Last Edited date: 11/11/2018 19:16:42